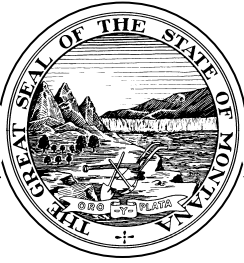


DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS



BRIAN SCHWEITZER
GOVERNOR

ANNIE M. GOODWIN
COMMISSIONER

STATE OF MONTANA

301 SOUTH PARK, SUITE 316
Helena, MT 59601

CSBS ACCREDITED 2004
(406) 841-2920
(406) 841-2930 FAX

MEMORANDUM

TO: Montana Title Loan Licensees

FROM: Department of Administration
Division of Banking and Financial Institutions

DATE: October 8, 2008

RE: 2009 Annual License Renewal

Montana law requires that Title Loan Licenses be renewed annually. **Renewal forms must be received no later than December 1, 2008.** Enclosed is the 2009 renewal application form. Complete in full and return to the Division with the \$500.00 renewal fee, payable to the State of Montana.

Enclose the notification of continuance of the bond as well as current copies of the consumer disclosure and loan agreement. This includes a copy of the required "Illustration A" disclosure under ARM 2.59.1409 and the consumer information pamphlet required by Section 31-1-819, MCA.

It is the responsibility of each licensee to accomplish renewal of its license. **Failure to return completed renewal form by December 1, 2008 will result in non-renewal of the license.** Additionally, you will be required to submit a new application with appropriate fees and go through the application process to resume business. Please be advised that any activity that may occur during the processing period would be a violation of state law.

If you have any questions, please contact Donna Zollinger or Linda Leffler at:

Telephone No. - 406-841-2920

Fax No. - 406-841-2930

E-Mail - dzollinger@mt.gov or lleffler@mt.gov

Return to:

Division of Banking and Financial Institutions
P.O. Box 200546
301 South Park, Suite 316
Helena MT 59620-0546

**2009 APPLICATION
TITLE LOAN LICENSE RENEWAL**

License Number

Date

To: Department of Administration
Division of Banking and Financial Institutions
P.O. Box 200546
301 South Park, Suite 316
Helena MT 59620-0546

I hereby affirm the following:

1. The licensee will continue the business of Title Loans during the year 2009 and hereby applies for a license. **Evidence of the continuance of the bond and current copies of the consumer disclosure and loan agreement are enclosed.** The license fee of \$500.00 is enclosed.
2. The Division of Banking and Financial Institutions (Division) has been notified of changes in personnel, ownership, or office location during the current year. (Attach information if applicable.)
3. Daily operation of our office has been and will continue to be in accordance with the provisions of the Montana Title Loan Act (Act) and Administrative Rules 2.59.1401 through 2.59.1419 (Administrative Rules). I acknowledge that I have read and understand the Act and Administrative Rules and will be in compliance at all times. Please be advised that copies of the Act and administrative rules are available upon request by contacting the Division at (406) 841-2920 or online at <http://banking.mt.gov/title.asp>.
4. Corrections and adjustments required as a result of an examination conducted by the Division have been made.
5. The licensee has no employees which have any adverse civil judgments involving fraudulent or dishonest dealings. If any such adverse civil judgments exist they must be listed and disclosed in writing and copies of the pleadings must be submitted with this renewal application.
6. The licensee has no employees which have any convictions involving fraud or financial dishonesty. If any of the licensee's employees have a conviction involving fraud or financial dishonesty it must be disclosed in writing and copies of the pleadings must be submitted with this renewal application.
7. The licensee has the required bond in the amount of \$10,000.00 for this location. This bond will remain in effect for two years after the licensee ceases operation.

Licensee Name _____
Address _____
Phone _____
Fax _____
Email _____

Home Office Address _____

Phone _____

Fax _____

In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

The following must be completed by a Notary:

State of _____)

)

County of _____)

Before the undersigned, a Notary Public, personally appeared:

the authorized official of this licensee, to me known, who acknowledged that they executed the foregoing renewal application for the purpose therein mentioned on _____ (date).

(Signature of notarial officer)

(Name – typed, stamped or printed)

(Title and Rank)

(Residing at)

My commission expires: _____

(Seal, if any)